



ASSOCIATE POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/469,399
	Filing Date	December 22, 1999
	First Named Inventor	David E. Edgren et al.
	Title	Gastric Retention Dosage Form Having Multiple Layers
	Art Unit	1616
	Confirmation Number	4929
	Examiner Name	Frank I. Choi
Attorney Docket Number	ARC 2885 R1	

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I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as Associate Attorney or Agent of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney/Agent of Record

SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent

Name	Samuel E. Webb	Registration No.	44,394
Signature			
Date	2/10/04	Telephone	650-564-5106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.